DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Management and Technology
DMT-190 (Rev. 6/99)

NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST

| | | | | rm, contact your s | supervisor. | | | | | | | | | | |
|--|----------|-----------------------------------|-----------|--------------------|-------------------------------|------------------------------------|--------------------------|--|--|---|--|--|--|--|--|
| FY | Trave | l Voucher Numbe | er | Social Security | Number (Vendor Number) | Invoice Number | | | Invoice Amount | Invoice Type | | | | | |
| | | | | | _ | _ | Month/Year | | Blank = normal | | | | | | |
| | | | | | | | | | | ☐ 2 = credit | | | | | |
| Org. # | Organ | Organization Name Name - Claimant | | | nt | Homo | Addross - | Claimant (Complete) | | ☐ 3 = manual | | | | | |
| Org. # | Organ | ization name | | Name - Claima | 111 | Home Address - Claimant (Complete) | | | | | | | | | |
| Audit p | oursuant | to Chapter 16, | of the Wi | sconsin Statute | s and allowed in accordance w | vith the | | GENERAL INSTRUCTIONS | | | | | | | |
| provisions of Chapter 20 as shown. Certified to the State Treasurer payable from the | | | | | | | own. | | | | | | | | |
| SIGNATURE Date - Signed | | | | | | | | a. This form is intended for NON-EMPLOYEES of DHFS and attached Boards. | | | | | | | |
| | | | | | | | | b. Print legibly using black or | | | | | | | |
| | | | | | | | | c. After completing and signin | g your travel voucher, SUBMIT ORI | GINAL to your supervisor or | | | | | |
| | | | | | | | | coordinator for signature. F | Retain one copy, if you wish, for your p | personal records. | | | | | |
| Line | Appn. | Account | | Center | Amount | Sign Code | Error Message Code | | he itinerary side, where indicated. Rec | ceipts are required for lodging and | | | | | |
| 1 | | 21600 | | | | | 0000 | for other items identified in | the Pocket Travel Guide. | | | | | | |
| ' | | 21000 | | | • | | | Receipts must be original. | CREDIT CARD SLIPS ARE NOT AL | LOWED. | | | | | |
| 2 | | | | | | | | | | | | | | | |
| | | | | | • | | | 1 | : All applicable itinerary information | • | | | | | |
| 3 | | | | | | | | | uares, plus the following coding side i | information. | | | | | |
| 4 | | | | | · | | | a. Claimant's Social Security N | | | | | | | |
| 7 | | | | | • | | | b. Organization Number and N | | | | | | | |
| 5 | | | | | | | | c. Claimant's Name (Legibly F | Printed) | | | | | | |
| | | | | | • | | | d. Claimant's Home Address | | | | | | | |
| 6 | | | | | | | | 2 MEAL CINCLIDING TIPS | | | | | | | |
| 7 | | | | | · | | | | Record actual reasonable and necessar | ount (including tax and tip) should not | | | | | |
| , | | | | | • | | | exceed maximum rates allowed | - | including tax and tip) should not | | | | | |
| 8 | | | | | | | | exceed maximum rates anowed | • | | | | | | |
| | | | | | • | | | 4. PERSONAL VEHICLE USE: | | | | | | | |
| 9 | | | | | | | | a. Record round trip mileage b | petween starting point and destination. | | | | | | |
| 10 | | | | | | | | b. Mileage should be claimed | at amount shown in the "Pocket Travel | l Guide". | | | | | |
| | | | | | • | | | | | | | | | | |
| 11 | | | | | | | | ** See "Pocket Travel Guide" f. | or a summarization of the state's trav | el quidelines and allowable | | | | | |
| 12 | | | | | | | | maximums. | of the state s Hav | o o o o o o o o o o o o o o o o o o o | | | | | |
| | | | | | • | | | | | | | | | | |
| 13 | | | | | | | | KEYERS ONLY Entered By | | Date - Entered | | | | | |
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| | | | | | | | | • | | | | | | | |

STAPLE RECEIPTS HERE - FACE UP

Headquarters City

| OFFICIAL BUSINESS DATE (Clearly explain ITINERARY | | | HEADQUARTERS TIMES | | TRANSPORTATION | | LODGING | MEALS, INCLUDINGTIPS | | OTHER ALLOWABLE | | TOTAL | | |
|--|--|---|---|---------------------------|----------------|------|---------|----------------------|--------|--------------------|--------------------|-------------|--------|---------|
| Mo/Day | (Clearly explain purpose of trip) | From - To | Leave | Return | Miles | Fare | - | Morning | 1 | . + | Ite | EXPENS m | Amount | EXPENSE |
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| | | | pm am | pm am | | | | | | | | | | |
| CLAIMANT | 19 STATEMENT - 16 F2 \ | Missonain Statutos | pm | pm pm | | | | | | | | | | |
| CLAIMANT'S STATEMENT, s. 16.53, Wisconsin Statutes I declare, under penalties of perjury, that the above expenses | | | TOTALS | | | | | | | | | | | |
| (including n | nileage) were incurrred in con | I certify I have reviewed this travel claim and find it to be | | Miles @ cents per mile=\$ | | | | | | | Total Mileage Cost | | | |
| | d regulations. These are actuex personally | | | Miles @ cents per mile=\$ | | | | | | Total Expenditures | | | | |
| duties requ | ired by public services. Payn en received from any source e | reasonable, in conformity | Miles @ addl. cents per mile=\$ SIGNATURE - Supervisor Date - Signed (Indicates "OK to Pay") | | | | | | | | | | | |
| advances. | en received from any source e | applicable s | | | | | | | | | | | | |
| SIGNATUR | E - Claimant | Date - Signed | travel sched | | | | | | | Net Amount Due | | | | |
| | | | | | | | | | | | | | | |